STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
SUPERVISION AGREEMENT

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MUST BE TYPED OR PRINTED LEGIBLY

INSTRUCTIONS **USE BLACK INK**

- This form MUST BE TYPED.
- Provide complete information. Incomplete information will delay your review.
- Sign and date the form.

Return form to:

State Committee of Psychologists
3605 Missouri Boulevard
Post Office Box 1335
Jefferson City, MO 65102-1335
Telephone (573) 751-0099
TDD 1-800-735-2966
e-mail: scop@pr.mo.gov

SECTION I – SUPERVISEE DATA – TO BE COMPLETED BY SUPERVISEE – MUST BE TYPED

1. NAME (FIRST, MIDDLE, MAIDEN, LAST)

2. SOCIAL SECURITY NUMBER

3. ADDRESS (STREET, CITY, STATE, ZIP)

4. OFFICE PHONE

SECTION II – SUPERVISOR DATA – TO BE COMPLETED BY SUPERVISOR – MUST BE TYPED

5. NAME (FIRST, MIDDLE, MAIDEN, LAST)

6. EMAIL

7. MO LICENSE NUMBER

8. ADDRESS (STREET, CITY, STATE ZIP)

9. TELEPHONE

SECTION III - PROFESSIONAL SETTING – TO BE COMPLETED BY SUPERVISOR

10. NAME OF SETTING (WHERE SUPERVISION WILL OCCUR)

11. ADDRESS OF SETTING (STREET, CITY, STATE, ZIP)

12. THE ABOVE SETTING WOULD BE BEST DESCRIBED AS (CHECK ONE BOX):

☐ EDUCATIONAL COUNSELING CENTER
☐ EDUCATIONAL SETTING
☐ IN-PATIENT HOSPITAL
☐ OUT-PATIENT OR DAY HOSPITAL
☐ MENTAL HEALTH CENTER
☐ PRIVATE PRACTICE
☐ RESIDENTIAL CENTER
☐ OTHER _____

13. NUMBER OF EACH OF THE FOLLOWING LICENSED PROFESSIONALS EMPLOYED IN THIS SETTING:

____ PSYCHOLOGISTS
____ PSYCHIATRISTS
____ PHYSICIANS (NON PSYCHIATRISTS)
____ PROFESSIONAL COUNSELORS
____ SOCIAL WORKERS
____ OTHER
_____

14. WILL THE SUPERVISEE CONSULT AND MEET WITH THE ABOVE PROFESSIONALS?

☐ YES ☐ NO

15.

a. ☐ Yes ☐ No Are you employed at the above setting? If not employed, how are you affiliated with the setting?

b. What is your official title at the setting? _____

c. How many hours per week are you on site at this setting? _____

d. How many hours per week will the supervisee be on site at this setting? _____

e. Are you currently supervising other individuals for licensure purposes, including but not limited to psychology licensure?

☐ Yes ☐ No If yes, how many _____ psychology _____ other professions_____ profession type/s_____

16.

Will you co-sign reports prepared by the supervisee while under your supervision? ☐ YES ☐ NO
If no, please explain.

17.

a. ☐ Yes ☐ No Does the supervisee have administrative responsibilities or ownership interest in this setting? If yes, explain.

18. DATE SUPERVISION BEGAN OR WILL BEGIN

19. DATE SUPERVISION WILL END

As supervisor I realize that "All professional activities and psychological services provided by the supervisee must be performed pursuant to the supervisor's order, control and full professional responsibility. The supervisor must be vested with the administrative authority over matters affecting the provision of psychological health services which are being accorded under the supervision of the particular supervisor so that the ultimate responsibility for the welfare of every client is maintained by the supervising psychologist."

20. SIGNATURE

SECTION IV – SIGNATURES

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the State Committee of Psychologists.

21. SUPERVISOR SIGNATURE	DATE

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the State Committee of Psychologists.

22. SUPERVISEE SIGNATURE	DATE